				Application or Docket Number				
PATENT APPLICATION Effect	ON FEE DETERM tive October 1, 20		RD	10	24	104	19	
CLAIMS AS FILED - PART I (Column 1) (Column 2)			SMALL ENTITY TYPE (OTHER THAN OF SMALL ENTITY		
TOTAL CLAIMS	28		RAT	E FEE	1	RATE	FEE	
FOR	NUMBER FILED	NUMBER EXTRA	BASIC	FEE 370.00	OR	BASIC FEE	740.00	į
TOTAL CHARGEABLE CLAIMS	28 minus 20=	. 8	X\$ 9	=	OR	X\$18=	144.	ט ט
INDEPENDENT CLAIMS	g minus 3 ≟	0	X42		OR	X84=		
MULTIPLE DEPENDENT CLAIM P	RESENT			1	100	 		
* If the difference in column 1 is less than zero, enter "0" in column 2			+140		OR	+280=	101	οi
CLAIMS AS AMENDED - PART II			1012	"- L	OR	TOTAL	44	00
9 30 04 (Column 1)	(Colu	mn 2) (Column 3)	SMAI	LL ENTITY	OR	OTHER SMALL		
CLAIMS REMAINING AFTER AMENDMENT Total Independent Independent	HIGH NUM PREVK PAID	BER PRESENT DUSLY EXTRA	RATI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total - 28	Minus ** 6	38 -/	X\$ 9	3	OR	X\$18=		
Independent • FIRST PRESENTATION OF MI	Minus *** ULTIPLE DEPENDENT	CLAIM []	X42		OR	X84=		
			÷140	.	OR	+280=		
-11-	•		ADDIT, F		OR	TOTAL ADDIT, FEE		
5/2/5 (Column 1)	(Colur				•			
CLAIMS REMAINING AFTER AMENDMENT Total Independent * 2	HIGH NUM PREVIC PAID	BER PRESENT DUSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total • 28	Minus 🖦 2	8	X\$ 9:	.	OR	X\$18=		
Independent + 2 FIRST PRESENTATION OF MU	Minus ***	CI AIM	X42=		OR	X84=		
William Medical Manager and Ma	ILIII CE DEI ENDENT	ODAIM	+140=		OR	+280=		
•			TOT.		OR	TOTAL		
(Column 1)	(Colun	n <u>n 2)</u> (Column 3)	ADDII. FI			addit. Fee		
CLAIMS REMAINING AFTER AMENDMENT Total Independent •	HIGH NUM PREVIO PAID	EST BER PRESENT DUSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total •	Minus 💮 🚥	=	X\$ 9=		OR	X\$18=		
Independent •	Minus ***	20-			υ <u>¬</u>			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			X42=		OR	X84=		1
9 If the color is activitie t is from than the	a antor la column 2 maila	M in cohema 2	+140=		OR	+280=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."				E	OR ,	TOTAL ADDIT. FEE		
The "Highest Number Previously Pak	i For" (Total or Independe	ent) is the highest number	found in the	eppropriate box				

FORM PTO-875 (Rev. 8/01)

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